



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R13/9-10)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

						FILE NUMBER
1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please enter the file number in this box →						
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
2. Last Name REYNOLD		First Name MARK		Middle Name TAYLOR	Nickname —	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 101 S. HEFLIN ST.				5. FAX (Optional) ()		6. E-mail Address (Optional)
7. City CUMBERLAND		State IN	ZIP Code 46229	8. County MARION	9. Telephone (Day) () N/A	10. Telephone (Evening) 317, 371-7068
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) TOWN COUNCILOR, DIST. 4		
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name COMMITTEE TO ELECT MARK REYNOLD						
14. Mailing Address <input type="checkbox"/> Check if this is a new address 101 S. HEFLIN ST.				15. FAX (Optional) ()		16. E-mail Address (Optional)
17. City CUMBERLAND		State IN	ZIP Code 46229	18. County MARION	19. Telephone (317) 371-7068	20. Committee Organization Date (MM-DD-YY) 2-2-2015
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson						
22. Mailing Address <input type="checkbox"/> Check if this is a new address SAME AS ABOVE				23. FAX (Optional) ()		24. E-mail Address (Optional)
25. City —		State —	ZIP Code —	26. County —	27. Telephone (Day) ()	28. Telephone (Evening) ()
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) NO FUNDS OR BANK YET						
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> No <input type="checkbox"/> Yes		
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)						
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.				Person Appointed Treasurer MARK REYNOLD		Signature of the Committee Chairperson Mark Reynold
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer						
34. Mailing Address <input type="checkbox"/> Check if this is a new address SAME AS ABOVE				35. FAX (Optional) ()		36. E-mail Address (Optional)
37. City —		State —	ZIP Code —	38. County —	39. Telephone (Day) ()	40. Telephone (Evening) ()
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)						
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).				Signature of Person Accepting Appointment Mark T Reynold		
SECTION E. CERTIFICATION OF STATEMENT						
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.						FOR OFFICE USE ONLY
42. Typed or Printed Name of Chairperson MARK REYNOLD		Signature of Chairperson Mark Reynold		Date (MM-DD-YY) 2/2/15		FILED FEB 03 2015 Myke A. Eldredge
43. Typed or Printed Name of Candidate MARK REYNOLD		Signature of Candidate Mark Reynold		Date (MM-DD-YY) 2/2/15		
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).						